

REMARKS

This amendment is responsive to the Office Action of May 26, 2009. Reconsideration and allowance of claims 2-4, 8-13, and 15-18 are requested.

The Office Action

Claims 2-13 and 18 stand rejected under 35 U.S.C. § 112, second paragraph.

Claim 2-6, 9, and 13 stand rejected under 35 U.S.C. § 103 over Smith (US 2003/0069759).

Claims 7, 8, 10-12, and 14-18 stand rejected under 35 U.S.C. § 103 over Smith in view of Akers (US 2002/0169637).

35 U.S.C. § 112

The 35 U.S.C. § 112 issues regarding claims 8, 11, and 12 have been resolved by removing the term “means” and, in most cases, replacing it with the term “section” which finds antecedent basis in Figure 2 and the specification.

It is submitted that claim 8 accurately describes the clinical communication extraction means/section as extracting the medical record information in e-mails in the clinical communicator database. As seen in Figure 2 and as described in the accompanying specification, there are two extraction sections, sections 13 and 14. The electronic medical record information extraction section 13 extracts medical records from the electronic medical record database.

Unlike the applied references, the present application recognizes that there is medical information in e-mails exchanged between healthcare professionals. This medical information might appear only in e-mails and may not have been entered into the medical record database. Rather than having this medical information lost, the clinical communication information extraction section mines the e-mails in the clinical communicator database to find e-mails which contain medical information and a patient ID. The clinical communication information extraction section 14 extracts this medical information and the patient ID from the e-mails in the clinical communicator database. The information update section 15 of Figure 2 updates the

electronic medical record database with the medical information which the clinical information extraction section 14 extracted from the e-mails.

Accordingly, it is submitted that claim 8 does accurately reflect the system described in the present application and that the 35 U.S.C. § 112, second paragraph rejection regarding claim 8 highlights a misunderstanding regarding the scope of claim 8 and the functioning of the presently described system.

**The Claims Distinguish Patentably
Over the References of Record**

Claim 8 calls for a clinical information extraction section which extracts medical record information in the e-mail from the clinical communicator database. The Examiner refers the applicant to paragraphs 23 and 32 of Akers as allegedly showing such an extraction. To the contrary, paragraph 23 of Akers merely describes a system by which medical record data can be securely transferred to a client in a way in which they cannot be confused with those of other patients. In paragraph 3, a patient medical record originally from the patient medical record database can be electronically transferred to a remote terminal and possibly even from one remote terminal to another. However, this section does not address e-mails much less e-mails in a clinical communicator database, much less the extraction of medical information from e-mails.

Stated another way, claim 8 calls for extracting medical information from e-mails; whereas, all of the transferred medical information discussed in paragraph 23 of Akers originates with the patient in the patient record database.

Paragraph 32 of Akers generates a notification message to a doctor or the like when the patient medical record from the medical record database has been updated with new information. When the medical professional reviews the new information, an acknowledgement is sent. There is nothing in paragraph 32 which suggests that one should extract medical information from e-mails in an e-mail database, particularly a clinical communicator database, which is different from a medical record database. Accordingly, it is submitted that claim 8 distinguishes patentably over the references of record.

First, claim 11 includes a clinical communication information extraction section which extracts medical record information in the e-mail from the

clinical communicator database. As discussed more fully in conjunction with claim 8, paragraphs 23 and 32 of Akers referenced by the Examiner do not show such a mining of e-mails in the e-mail or client communicator database for medical information.

Second, claim 11 calls for the medical care professional event information to include a personal calendar including schedule absences and in-hospital meetings for the various medical care professionals. Claim 11 further calls for the display control to control the display device to display the personal schedule of the medical care providers and the patient treatments which a given medical care professional is to provide. The Examiner refers the applicant to paragraphs 19, 20, 65, 74, and 148 of Smith. However, none of these paragraphs address or even discuss a personal calendar for medical care professionals, much less the idea of displaying the personal calendar with the patient treatments. Paragraph 19 of Smith discusses managing or scheduling healthcare activities but fails to address personal schedules of medical care providers, much less provide for considering such schedules when generating the healthcare activities, much less displaying such personal calendars. Paragraph 20 of Smith discusses placing an order for supplies or laboratory tests. Although a request for a laboratory test or diagnostic study may go to a medical care professional, there is no suggestion in paragraph 20 that the personal calendar of the medical care professional should be consulted, much less displayed.

Paragraph 65 of Smith discusses a to-do list for medical professionals. It provides no suggestion of a personal calendar, much less displaying a personal calendar of the medical care provider to the person scheduling medical care. Paragraph 74 of Smith again discusses a to-do list which medical care personnel check-off or sign-off as they complete the tasks. Again, there is no suggestion of a personal calendar. Paragraph 148 merely discusses electronic scheduling of patient visits in which a doctor can look up available appointments and add, modify, or delete previously scheduled appointments. There is no suggestion of a personal calendar, much less of displaying a personal calendar.

Accordingly, it is submitted that claim 11 distinguishes patentably and unobviously over the references of record.

Claim 14 calls for the clinical communicator memory to store event information including schedules for each of a plurality of medical care professionals. Claim 16 further calls for a display control section which controls a display device to display patient events together with the medical care professional's schedule. The Examiner refers the applicant to paragraphs 19, 20, 74, and 148 of Smith. As discussed in conjunction with claim 11, none of these paragraph disclose displaying a medical care professional schedule along with the patient events.

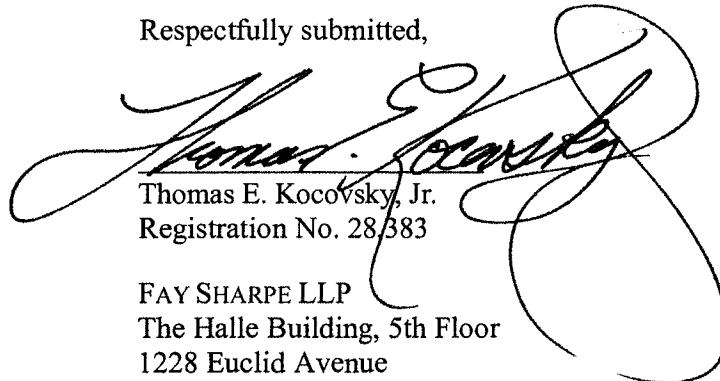
Accordingly, it is submitted that claim 16 distinguishes patentably and unobviously over the references of record.

CONCLUSION

For the reasons set forth above, it is submitted that claims 2-4, 8-13, and 15-18 distinguish patentably over the references of record and comply fully with the other statutory requirements including those of 35 U.S.C. § 112. An early allowance of all claims is requested.

In the event the Examiner considers personal contact advantageous to the disposition of this case, the Examiner is requested to telephone Thomas Kocovsky at 216.363.9000.

Respectfully submitted,



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